Court of Delhi in CWP No. 4674 of 1996 in Shri T.S. Oberoi *Versus* Union of India. Tenders were floated during March-April 2004. Rates for various procedures, etc., were arrived at on the basis of rates quoted by private hospitals and diagnostic centres in response to the tender notice issued. Those hospitals and diagnostic centres that accepted the rates that emerged from the tender process were required to sign a Memorandum of Agreement (MOA) with the CGHS. The MOA to be signed by private hospitals and diagnostic centres is available on the website of the CGHS, *www.mohfw.nic.in/cghs.htm.*

Hospitals and diagnostic centres that are recommended for empanelment are also required to furnish a performance Bank Guarantee valid for a period of five years to ensure efficient service and to safeguard against any default. An MOA is signed with each empanelled hospital and diagnostic centre to ensure that the beneficiaries are not over-charged. Stringent provisions have been incorporated in the MOA to act as a deterrent against such over-charging to refusal to provide services. If instances of overcharging, refusal of treatment are brought to the notice by the beneficiaries, the hospitals are liable for liquidated damages to be deducted from the performance bank guarantee submitted by the concerned hospital/diagnostic centre. In case of repeated instances of defaults, the total amount of bank guarantee may be forfeited and also result in termination of MOA.

Empanelment of private hospitals and diagnostic centres under CGHS is now a continuous process. Any private hospital/diagnostic centres may apply to the CGHS if it meets the stipulated parameters and agrees to charge the rates fixed for the city.

Rules to manage genetically modified food products under FSSA, 2006

63. SHRI RAJEEV CHANDRASEKHAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether his Ministry has framed rules to manage Genetically Modified (GM) food products as stipulated under the Food Safety and Standards Act (FSSA), 2006;

(b) if so, whether they have been notified and laid before the parliament; and

(c) if not, the reasons for delay in framing the rules and by when the needful is likely to be done?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The tests of administration of the "Food Safety and Standards Act, 2006" has been recently allocated to this Ministry. The Act provides for the establishment of a Food Authority, which will be empowered to frame the rules to regulate and monitor the manufacture, processing, distribution, sale and import of food including Genetically Modified (GM) food products so as to ensure safe and wholesome food. Steps for the establishment of the Food Authority are being undertaken by this Ministry in consultation with the Steering Group constituted under the Chairmanship of the Cabinet Secretary. The rules will be framed by the Food Authority after following due procedure as laid down in the Act.

Maternal mortality in Orissa

64. MS. PRAMILA BOHIDAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the country faces a formidable challenge on maternal mortality, which shows that tens of thousands of malnourished, health-poor and resource-poor women without access to hospitals, continue to die during pregnancy while giving birth, etc.;

(b) what is the status of this menace in the country, especially with reference to Orissa State; and

(c) what is the action of the Centre to help Orissa State both physically and financially to control this menace?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Based on the official estimates of Registrar General of India (RGI), Maternal Mortality Ratio (MMR) for India is 301 per 100,000 live births (SRS 2001—03). This translates into an absolute number of maternal deaths of approximately 77,000 per year.

The same report lists, the causes of maternal deaths in the county as—Hemorrhage—38%, Sepsis—11%, Abortion —8%, Obstructed Labour—5%, Hypertensive Disorders—5% and Others—34%. Causes classified as Others" include Anemia and Malnutrition. Factors like low socio-economic status, lack of access to services and poverty are said to contribute to maternal mortality.

(b) MMR for India and other major States including Orissa are enclosed as Statement. (*See* below)

(c) The National Rural Health Mission (NRHM) launched by the Government of India in the year 2005, in order to improve the availability of and access to quality health care including services for Immunization and Safe Motherhood, seeks to provide effective health care to rural population throughout the country with special focus on 18 States with weak public health indicators and/or weak infrastructure, which also includes Orissa.

In order to bring about a reduction in MMR, the Government of India is implementing the following key interventions all over the country including the State of Orissa which include: Janani Suraksha Yojana (JSY) a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL and SC/ST pregnant women; Appointment of an Accredited Social Health Activist (ASHA) for every village to facilitate in accessing of health care services by the community including pregnant women; operationalizing Community Health Centers as First Referral Units (FRU) and 50% of all Primary Health Centers for providing 24X7 delivery services by 2010; augmenting the availability of Skilled Manpower by means of different skill based trainings such as Skilled Birth Attendant, Training of MBBS Doctors in Life Saving Anesthetic Skills and Emergency Obstetric Care including Caesarian Section; prevention and treatment of Anemia by supplementation with Iron and Folic Acid tablets; organizing of Village Health & Nutrition Day at Anganwadi center; supplementary nutrition to pregnant and lactating women under the ICDS scheme and strengthening of sub-centers by providing each with an untied fund of Rs. 10, 000/- to improve service delivery.

Under NRHM and RCH II financial resources are allocated to the States, by the Centre through flexible funding mechanisms, whereby the States have the flexibility to plan and implement strategies and interventions as per their requirement and priorities.

During 2006-07, and amount of Rs. 60.01 crores was released to Orissa and during 2007-08 Rs. 41.59 crores has been released so far.

Statement

MATERNAL MORTALITY RATIO FOR INDIA AND MAJOR STATES INCLUDING ORISSA

(Source: RGI, (SRS), 1997-98, 1999—01, 2001—03)

Major State	MMR (1997-98)	MMR (1999—01)	MMR (2001—03)
India Total*	398	327	301
Assam	568	398	490
Bihar/Jharkhand	531	400	371
Madhya Pradesh/Chhattisgarh	441	407	379
Orissa	346	424	358
Rajasthan	508	501	445
Uttar Pradesh/Uttaranchal	606	539	517
Andhra Pradesh	197	220	195
Karnataka	245	266	228
Kerala	150	149	110
Tamil Nadu	131	167	134
Gujarat	46	202	172
Haryana	136	176	162
Maharashtra	166	169	149
Punjab	280	177	178
West Bengal	303	218	194
Others	-	276	235

*:Includes Others

Access to Art Facilities

65. SHRI MAHENDRA MOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that three years after the free ART programme for AIDS patients was launched, the nine ART centers in Delhi are plagued by long waiting lists due to shortage of drugs;

(b) how many patients are registered in various hospitals in Delhi and how many of them are getting ART and how many of them have been on waiting lists and since when;

(c) how many people in Delhi are full blown AIDS patients and how many of them have HIV positive signs; and

(d) what is the latest countrywide numbers of HIV positive patients and AIDS patients, State-wise and how many of them have access to ART?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No, Sir. There is no shortage of drugs as Delhi has